

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 17 PM 3 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V49037

(7)

1. Corporation Name

SUTHERLAND LEASING, INC.

Principal Place of Business

**1025 ILLINOIS AVENUE
PALM HARBOR FL 34683**

Mailing Address

**1025 ILLINOIS AVENUE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-3132309

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STANSELL, H.L.

**1025 ILLINOIS AVENUE
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81

Name

CAROLYN S. GAUSE

82

Street Address (P.O. Box Number is Not Acceptable)

50 PARK AVE N.

83

84

City

TARPON SPRINGS

FL

85 Zip Code

34689

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carolyn S. Gause

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/95

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
STANSELL, H.L.
1025 ILLINOIS AVE.
PALM HARBOR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPST
GAUSE, CAROLYN S.
50 PARK AVE N.
TARPON SPGS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Carolyn S. Gause UP

2/6/95 8B-875333

(Signature and Typed or Printed Name of Signing Officer or Director)

(Date)

(Filing Office #)